



Authorization Agreement for ACH Credits (Direct Deposit)

To implement direct deposit of Housing Assistance Payments (HAP), return this completed form, along with a completed W-9 and a voided check or deposit slip (for savings accounts only) to: Louisiana Housing Authority, Attn: Payment Processing Department, 1690 North Blvd., Baton Rouge, LA 70802 Fax: 225-342-8891.

HAP Contract #: _____ Date: _____

NEW REQUEST ☐

CHANGE REQUEST ☐

I hereby authorize Louisiana Housing Corporation to deposit my Housing Assistance Payments to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution: _____

Type of Account (check one): ___Checking ___Savings ALSO ___Personal ___Business

City: _____ State: _____ Zip: _____

Bank Transit Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until Louisiana Housing Corporation has received written notification from me of its termination in such time and in such manner as to afford the voucher program and the financial institution a reasonable opportunity to act upon it. **Acceptance of direct deposit of payments certifies compliance with the Housing Assistance Payment contract.** By accepting direct deposit of housing assistance payments the payee certifies that any unit(s) assisted under the Housing Assistance Payments (HAP) Contract are in full compliance with said contract terms. With this authorization, Louisiana Housing Corporation may make adjustments, either credit or debit, to correct any errors associated with any previous HAP credit into the payee account.

Payee or an authorized person must complete the following and sign this request.

Payee Name **(Please Print Legibly)** _____

Name of Authorized Person **(Please Print Legibly)** _____

Title: _____ SSN or Federal Tax I.D. # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Office (____) _____ Cell (____) _____

*E-Mail Address: _____

Signature of Authorized Person: _____

Failure to provide all documentation will result in delay of processing your request.

Pursuant to 18 USC1001 Whoever, in any manner within the jurisdiction of the executive, legislative, or judicial branch of the government of the United States, knowingly and willingly (1) falsifies, conceals, or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Owners and or Management Agents who violate this law may also be debarred from future participation in the Program.